



CASE #:

## CITY OF KILLEEN- PLAT APPLICATION

( ) 1 to 10 acres \$300.00 + \$25.00 per lot ( ) 10 to 50 acres \$400.00 + \$25.00 per lot  
( ) 50 acres and above \$500.00 + \$25.00 per lot

**Plat Name:** \_\_\_\_\_

**Type:** Preliminary ( ) Final ( ) Replat ( ) Minor ( ) Amended ( )

**Name(s) of Property Owner (s):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ - \_\_\_\_\_

**Home Phone:** ( ) \_\_\_\_\_ **Business Phone:** ( ) \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Type of Ownership:** \_\_\_\_\_ Sole Ownership \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Other

**Recorded Copy of Warranty Deed:** Is a copy of the appropriate deed(s) attached? YES / NO

**Name of Developer:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ - \_\_\_\_\_

**Name of Engineer/Surveyor:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ - \_\_\_\_\_

**Home Phone:** ( ) \_\_\_\_\_ **Business Phone:** ( ) \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Is the Property:** ( ) Within City Limits ( ) Within ETJ (5.0 miles)

**Proposed Land Use:** \_\_\_\_\_

**Total Acreage:** \_\_\_\_\_ **Number of Lots:** \_\_\_\_\_ **Current Zoning:** \_\_\_\_\_ **Proposed Zoning** \_\_\_\_\_

**Is there a simultaneous rezoning of any part of this property?** \_\_\_\_\_ No \_\_\_\_\_

**Address/ Location of Property to be Platted:** \_\_\_\_\_

**Legal Description:** \_\_\_\_\_

**Replats and Amendments:** During the preceding five (5) years, was the platted property limited by an interim or permanent zoning classification to residential use for not more than two residential units per lot? **Yes/No** During the preceding five (5) years, was any lot in the preceding plat limited by deed restrictions to residential use for not more than two residential units per lot? **Yes/No** Attach a copy of applicable deed restrictions **or** a (notarized) letter from the applicant stating that no deed restrictions apply.

**What is the reason for the replat / amendment?** \_\_\_\_\_

Owner(s) must initial:

\_\_\_\_\_ I hereby certify that all fees/charges owed by me/us to the City concerning any prior plats and/or subdivisions have been paid in full as of the date of this application.

\_\_\_\_\_ I understand that attendance at the Development Review Committee meeting is mandatory. My failure to attend or my agent's failure to attend will result in rescheduling the meeting of the Development Review Committee and delay processing of the application.

\_\_\_\_\_ I understand that I must obtain approval from both Planning and Zoning Commission and City Council (except in the case of minor plats) prior to the plat being recorded with the Clerk of Bell County.

## APPOINTMENT OF AGENT

As owner of the subject property, I hereby appoint the person designated below to act for me, as my agent in this request.

Name of Agent: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_

I acknowledge and affirm that I will be legally bound by the words and acts of my agent, and by my signature below, I fully authorize my agent to:

be the point of contact between myself and the City; make legally binding representations of fact and commitments of every kind on my behalf; grant legally binding waivers of rights and releases of liabilities of every kind on my behalf; consent to legally binding modifications, conditions, and exceptions on my behalf; and, to execute documents on my behalf which are legally binding on me.

**I understand that the City will deal only with a fully authorized agent.** If at any time it should appear that my agent has less than full authority to act, then the application may be suspended and I will have to personally participate in the disposition of the application. I understand that all communications related to this application, are part of an official proceeding of City government and, that the City will rely upon statements made by my agent. Therefore, **I agree to hold harmless and indemnify the City of Killeen, its officers, agents, employees, and third parties who act in reliance upon my agent's words and actions from all damages, attorney fees, interest and costs arising from this matter.** If my property is owned by a corporation, partnership, venture, or other legal entity, then I certify that I have legal authority to make this binding appointment on behalf of the entity, and every reference herein to "I", "my," or "me" is a reference to the entity.

Signature of Agent \_\_\_\_\_ Title \_\_\_\_\_

Printed/Typed Name of Agent \_\_\_\_\_ Date \_\_\_\_\_

Signature of Property Owner \_\_\_\_\_ Title \_\_\_\_\_

Printed/Typed Name of Property Owner \_\_\_\_\_ Date \_\_\_\_\_

Signature of Property Owner \_\_\_\_\_ Title \_\_\_\_\_

Printed/Typed Name of Property Owner \_\_\_\_\_ Date \_\_\_\_\_

Signature of Property Owner \_\_\_\_\_ Title \_\_\_\_\_

Printed/Typed Name of Property Owner \_\_\_\_\_ Date \_\_\_\_\_

\* Applications must be signed by the individual applicant, each partner of a partnership, or by an authorized officer of a corporation or association.

Revised October 2015